



# Calling the Shots

Spring 2004

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## Recording the Administration of Pediarix™

by Loriann Kanno, Pharm D

When administering Pediarix™, the combination product containing DTaP, hepatitis B, and inactivated polio vaccines, the date of administration should be recorded under **each separate component** as recommended by the National Immunization Program (NIP). The dose number, site, route, lot number, vaccine expiration date, and VIS publication date for each component must also be completed. In addition to this, the manufacturer that is pre-printed for IPV vaccine on the Vaccine Administration Visit Record (VAVR) must be changed from AVT to GSK, and the manufacturer for the DTaP and Hep B component should be recorded as GSK as well. The same procedures for the recording of the administration date under each separate component and listing GSK as the manufacturer must be followed when completing the yellow Hawaii Immunization Record Card.

Vaccine Type	Date Given (mm/dd/yy)	Dose # (Circle one)	Site (Circle one)	Route (Circle one)	Manufacturer	Lot Number	Vaccine Exp. (mm/dd/yy)	VIS Publ. (mm/dd/yy)
DTaP	02/23/04	① 2 3 4 5	RA LA RT LT	IM	GSK	21928A2	05/14/05	07/30/01
HepB <input type="checkbox"/> Carrier Mother	02/23/04	1 ② 3	RA LA RT LT	IM	GSK	21928A2	05/14/05	07/11/01
Hib	/ /	1 2 3 4	RA LA RT LT	IM			/ /	/ /
IPV	02/23/04	① 2 3 4	RA LA RT LT	① IM SQ	<del>GSK AVT</del> (Aventis)	21928A2	05/14/05	01/01/00
MMR	/ /	1 2	RA LA RT LT	SQ	MSD (Merck)		/ /	/ /
PCV7	/ /	1 2 3 4	RA LA RT LT	IM	WYT (Wyeth)		/ /	/ /
Td	/ /	1 2 3	RA LA RT LT	IM			/ /	/ /
Varicella	/ /	1 2	RA LA RT LT	SQ	MSD (Merck)		/ /	/ /
Other:	/ /		RA LA RT LT	IM SQ			/ /	/ /
Other:	/ /		RA LA RT LT	IM SQ			/ /	/ /



## Maintaining the Vaccine Cold Chain

by Lisa Y. Nhom, MPH



Maintaining the vaccine cold chain is a vital part of our immunization efforts. Without proper handling and storage, vaccine viability cannot be ensured. During VFC site visits to provider offices, there are instances where proper cold chain management practices are not being followed. These may include:

- Not checking and logging temperatures regularly
- Not taking action when the temperature goes out of range
- Storing vaccines at the wrong temperature
- Storing vaccines in the crisper bin or door, where temperatures can vary from those in the body of the unit
- Storing vaccines with food and beverages
- Not having a written plan in case of an emergency, such as a power failure or refrigerator malfunction

Here are some tips for maintaining the vaccine cold chain:

- Ensure the refrigerator temperature is 35°F to 46°F (2°C to 8°C)
- Ensure the freezer temperature is ≤ 5°F (≤ -15°C)
- Check temperatures regularly (CDC recommends twice daily) and keep a log of temperatures
- Document any interventions taken to correct temperatures that are out of range, document the post-intervention temperature, and keep the log and documentation of your actions and temperature readings
- Store vaccines in the body of the unit, not on the doors or in the crisper bin or the crisper bin area
- Store vaccines in a refrigerator/freezer designated for biologics
- Have a written emergency vaccine storage plan posted

More information on vaccine management is located in the VFC Provider Toolkit. *Please note:* If vaccine viability is questionable, contact the manufacturer for further instructions and then notify the VFC program. Manufacturer phone numbers are listed in the Toolkit for your convenience.



## TALK TO THE DOC...

by Marcia M. Nagao, MD, MPH

**Why does there have to be at least 28 days between MMR and Varicella vaccines if these vaccines are not administered simultaneously? What should I do if I gave a varicella vaccine 14 days after a MMR vaccine?**

The Advisory Committee on Immunization Practices (ACIP) recommends that parenterally administered live vaccines (i.e., MMR and varicella) that are not administered on the same day should be administered  $\geq 4$  weeks apart in order to minimize the potential risk for interference. If parenterally administered live vaccines are separated by  $< 4$  weeks, the vaccine administered second should **NOT** be counted as a valid dose and should be repeated. The repeat dose should be administered  $\geq 4$  weeks after the last invalid dose. *Please note:* The 4-day "grace" period does **NOT** apply to two parenterally administered live vaccines that are not administered simultaneously.



## We Got 100%! Vax To School Incentive Program

by Gail Ogawa

The Department of Health is partnering with Hawaiian Island Creations and Subway Restaurants in the Vax To School Incentive Program. This program rewards students who have submitted proper documentation of completed immunizations by May 3, 2004.\*

Every 6th grade class that returns 100% of their immunization records by May 3rd wins a class party from Subway Restaurants. Thank you providers for immunizing your 6th graders early so that they can qualify for the Vax To School Incentive Program rewards.



Hawaii Baptist Academy students enjoying their "We Got 100%" party

\* Students who are unable to receive their last dose of hepatitis B vaccine before the May 3rd deadline may submit their yellow card with a doctor's appointment slip showing the scheduled date of the last hepatitis B vaccine to be eligible for the Vax to School Incentive Program reward.

## Community-Based Infant Immunization Campaigns

by Gail Ogawa

The Department of Health has selected two areas, Kahului/Wailuku on Maui and Kalihi in West Honolulu, in which to develop and implement community-based initiatives designed to increase infant immunization rates.

Key community partners have been identified in both areas that include health providers, schools, businesses, faith groups, and others. Identified partners have been invited to participate in the planning process for this project and are scheduled to meet in March/April 2004. The goal of partnering with these individuals and their organizations is to have a better understanding of the needs of their communities and to be able to create and implement strategies that will work for their populations.

If you service or reside in the Kahului/Wailuku or Kalihi areas and would like to participate in the planning process for this project, please contact Judy Strait-Jones at 586-8321. Neighbor island calls are toll-free at 1-800-933-4832.

## Have You Submitted Your Provider Enrollment Form?

Providers who have submitted their annual VFC/Teen Vax Provider Enrollment form will receive a copy of "Immunization Techniques: Best Practices for Health Care Providers." Produced by the California Department of Health Services, this excellent video details safe, effective and caring immunization techniques.



## Reminder: Suspension of the 3rd and 4th Doses of PCV7 (Prenar®)

On March 2, 2004, the CDC recommended that **effective immediately**, all providers temporarily suspend routine administration of the third and fourth doses of PCV7 to healthy children, regardless of their current supply of vaccine. Children at increased risk for severe invasive pneumococcal disease should still receive the routine 4-dose series. See the enclosed *MMWR Dispatch* (Vol. 53 / March 2, 2004) for more information.

## Hawaii Baptist Academy 6th Graders: We Got 100%!

HBA 6th grader, Alyssa Nojima, at their "We Got 100%" Subway party said, "Getting shots are important because there would be less diseases and doctor visits . . . and people wouldn't have to pay bills and could save money and have money for other things . . ."

